UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

12/03/2004

John W. Carpenter CROSBY, HEAFEY, ROACH & MAY P.O. Box 7936 San Francisco, CA 94120-7936

| EXAMINER |              |  |  |  |
|----------|--------------|--|--|--|
| CHANG,   | SUNRAY       |  |  |  |
| ART UNIT | PAPER NUMBER |  |  |  |

2121 DATE MAILED: 12/03/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/691,406      | 10/17/2000  | Christopher Hoover   | 21891.02500         | 3943             |

TITLE OF INVENTION: METHOD FOR HIERARCHICAL SPECIFICATION OF SCHEDULING IN SYSTEM-LEVEL SIMULATIONS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$0             | \$1370           | 03/03/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

## HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                                                                    | or <u>F</u>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
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| INSTRUCTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification                                                                                                                                                                                                                           | rm should be used for tran<br>respondence including the<br>below or directed otherwise<br>is.                            | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a                                                                                       | E FEE and F<br>ders and notif<br>) specifying a                                                                                                                                                                                                                                                                                     | PUBLICATION FEE (if req<br>fication of maintenance fees<br>new correspondence addres                                                 | uired). Blocks 1 through 5 s<br>will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | should be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for                                     |  |
| CURRENT CORRESPONDENCE                                                                                                                                                                                                                                                                                                                | E ADDRESS (Note: Use Block 1 for                                                                                         | any change of address)                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of                                                                                                               | f mailing can only be used f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or domestic mailings of the                                                                                             |  |
| 7:                                                                                                                                                                                                                                                                                                                                    | 7590 12/03/2004                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     | papers. Each addition                                                                                                                | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         |  |
| John W. Carpenter<br>CROSBY, HEAFEY, ROACH & MAY<br>P.O. Box 7936                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     | I hereby certify that states Postal Service addressed to the Ms transmitted to the US                                                | ertificate of Mailing or Tran<br>this Fee(s) Transmittal is bein<br>with sufficient postage for fin<br>all Stop ISSUE FEE address<br>PTO (703) 746-4000, on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | smission  g deposited with the United  rst class mail in an envelope  s above, or being facsimile date indicated below. |  |
| San Francisco, CA                                                                                                                                                                                                                                                                                                                     | 94120-7930                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | () , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Depositor's name)                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Date)                                                                                                                  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                       | FILING DATE                                                                                                              |                                                                                                                                                    | FIRST NAMED                                                                                                                                                                                                                                                                                                                         | INVENTOR                                                                                                                             | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                        |  |
| 09/691,406                                                                                                                                                                                                                                                                                                                            | 10/17/2000                                                                                                               |                                                                                                                                                    | Christophe                                                                                                                                                                                                                                                                                                                          | r Hoover                                                                                                                             | 21891.02500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3943                                                                                                                    |  |
| TITLE OF INVENTION: M                                                                                                                                                                                                                                                                                                                 | ETHOD FOR HIERARCHI                                                                                                      | CAL SPECIFICA                                                                                                                                      | TION OF SCH                                                                                                                                                                                                                                                                                                                         | HEDULING IN SYSTEM-LE                                                                                                                | VEL SIMULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                           | SMALL ENTITY                                                                                                             | ISSUE FI                                                                                                                                           | EE                                                                                                                                                                                                                                                                                                                                  | PUBLICATION FEE                                                                                                                      | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                        | NO                                                                                                                       | \$1370                                                                                                                                             | )                                                                                                                                                                                                                                                                                                                                   | <b>\$0</b>                                                                                                                           | \$1370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 03/03/2005                                                                                                              |  |
| EXAM                                                                                                                                                                                                                                                                                                                                  | INER                                                                                                                     | ART UN                                                                                                                                             | IT                                                                                                                                                                                                                                                                                                                                  | CLASS-SUBCLASS                                                                                                                       | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |  |
| CHANG,                                                                                                                                                                                                                                                                                                                                | SUNRAY                                                                                                                   | 2121                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     | 703-017000                                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                          |                                                                                                                                                    | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| <u>.</u>                                                                                                                                                                                                                                                                                                                              | RESIDENCE DATA TO B                                                                                                      | F PRINTED ON T                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                     | -                                                                                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |  |
| PLEASE NOTE: Unless                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | low, no assignee                                                                                                                                   | data will appe                                                                                                                                                                                                                                                                                                                      | ar on the patent. If an assig                                                                                                        | nee is identified below, the c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | locument has been filed for                                                                                             |  |
| (A) NAME OF ASSIGNI                                                                                                                                                                                                                                                                                                                   | •                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     | E: (CITY and STATE OR CO                                                                                                             | DUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |  |
| Please check the appropriate                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity Government                                                                                                   |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                          | enclosed:                                                                                                                |                                                                                                                                                    | . Payment of F                                                                                                                                                                                                                                                                                                                      | ` '                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| ☐ Issue Fee☐ Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                     |                                                                                                                          | A check in the amount of the fee(s) is enclosed.                                                                                                   |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| Deposit Account Number (enclose an extra copy of this form                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |  |
| 5. Change in Entity Status                                                                                                                                                                                                                                                                                                            |                                                                                                                          |                                                                                                                                                    | <b>—</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| • •                                                                                                                                                                                                                                                                                                                                   | MALL ENTITY status. See                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | ALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |  |
| NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                                                                                                                                                                                               | is requested to apply the Issuablication Fee (if required) words of the United States Pate                               | vill not be accepted<br>ont and Trademark                                                                                                          | ion Fee (if any<br>from anyone<br>Office.                                                                                                                                                                                                                                                                                           | other than the applicant; a reg                                                                                                      | sly paid issue fee to the applications and attorney or agent; or the state of the s | ation identified above. he assignee or other party in                                                                   |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     | Date                                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                     | Registration                                                                                                                         | Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |  |
| This collection of information an application. Confidential submitting the completed applies form and/or suggestions                                                                                                                                                                                                                  | n is required by 37 CFR 1.3<br>ty is governed by 35 U.S.C.<br>plication form to the USPT<br>for reducing this burden. sh | 11. The information<br>122 and 37 CFR 1<br>D. Time will vary<br>ould be sent to the                                                                | n is required to<br>1.14. This colle<br>depending upo<br>Chief Inform                                                                                                                                                                                                                                                               | o obtain or retain a benefit by<br>ection is estimated to take 12<br>on the individual case. Any c<br>ation Officer, U.S. Patent and | the public which is to file (an<br>minutes to complete, includin<br>omments on the amount of ti<br>I Trademark Office, U.S. Dep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O.           |  |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.       | FILING DATE FIRST NAMED INVENTOR          |                    | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |
|-----------------------|-------------------------------------------|--------------------|-------------------------|------------------|
| 09/691,406 10/17/2000 |                                           | Christopher Hoover | 21891.02500             | 3943             |
| 75                    | 90 12/03/2004                             |                    | EXAM                    | INER             |
| John W. Carpenter     |                                           | CHANG, SUNRAY      |                         |                  |
| P.O. Box 7936         | CROSBY, HEAFEY, ROACH & MAY P.O. Box 7936 |                    |                         | PAPER NUMBER     |
| San Francisco, CA     | 94120-7936                                |                    | 2121                    | · <del>- ·</del> |
|                       | •                                         |                    | DATE MAILED: 12/03/2004 | 4                |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 777 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 777 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.